

Please type a plus sign (+) inside this box → +

HDP/SB/21 based on PTO/SB/21 (08-00)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/517,429
Filing Date	July 5, 2005
Inventor(s)	Cornelis STINIS et al.
Group Art Unit	3652
Examiner Name	Dean J. Kramer
Attorney Docket Number	5100-000010/US

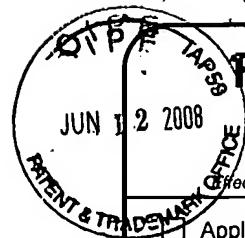
### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John W. Fitzpatrick	Reg. No. 41,018
Signature			
Date	June 12, 2008		

11/12 AFK



# FEE TRANSMITTAL for FY 2008

Effective 2/8/2006. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

**(\$)** 420

Complete If Known	
Application Number	10/517,429
Filing Date	July 5, 2005
First Named Inventor	Cornelis STINIS et al.
Examiner Name	Dean J. Kramer
Art Unit	3652
Attorney Docket No.	5100-000010/US

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit  
Account  
Number

08-0750

Deposit  
Account  
Name

Harness, Dickey & Pierce, PLC

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

**Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	310	2011	155	Utility filing fee	
1012	210	2012	105	Design filing fee	
1013	210	2013	105	Plant filing fee	
1014	310	2014	155	Reissue filing fee	
1005	210	2005	105	Provisional filing fee	

**SUBTOTAL (1)**

**(\$)** 0

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	34	-28 **	=	6	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	-3 **	=	0			
Multiple Dependent							

**Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple dependent claim, if not paid
1204	210	2204	105	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**

**(\$)** 300

**3. ADDITIONAL FEES**

**Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	120
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1452	510	2452	255	Petition to revive – unavoidable	
1453	1,540	2453	770	Petition to revive – unintentional	
1462	400	1462	400	Petition fee under 37 CFR 1.17(f)	
1463	200	1463	200	Petition fee under 37 CFR 1.17(g)	
1464	130	1464	130	Petition fee under 37 CFR 1.17(h)	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					<b>SUBTOTAL (3)</b> <b>(\$)</b> 120
<b>4. SEARCH/EXAMINATION FEES</b>					
1111	510	2111	255	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	310	2113	155	Plant Search Fee	
1114	510	2114	255	Reissue Search Fee	
1311	210	2311	105	Utility Examination Fee	
1312	130	2312	65	Design Examination Fee	
1313	160	2313	80	Plant Examination Fee	
1314	620	2314	310	Reissue Examination Fee	
					<b>SUBTOTAL (4)</b> <b>(\$)</b> 0

*\*\*or number previously paid, if greater; For Reissues, see above*

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	John W. Fitzpatrick	Registration No. (Attorney/Agent)	41,018	Telephone	(703) 668-8000
Signature				Date	June 12, 2008

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